



ADDRESS CHANGE REQUEST

INSTRUCTIONS

An address change on a current Drug Enforcement Administration (DEA) registration can be made on this form. Complete the form below in its entirety. Once completed, **sign** the form, make a copy for your records, and **mail or fax** this form to your **local Diversion Office**. Visit the Offices & Directories section of the website to locate the local office for your **NEW** address. Failure to include the required information may result in a delay in the change requested.

Your request must include a copy of your current state medical license for the new address along with a copy of your current and corrected state controlled substance registration certificate if applicable.

DEA Registration Number: _____

Registrant Name: _____

Current Address: _____

New Physical Address
and Mailing Address, if
different (e.g. P.O. Box): _____

Date of Relocation: _____

Tax Identification Number: _____

Social Security Number: _____

Contact (Individual's Name): _____

Telephone Number: _____

State License Number: _____

State Controlled Substance **Registration** (If applicable): _____

Signature: _____ Date: _____

(A signature **IS REQUIRED** to process this form.)